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SUBJ/PUBLIC AFFAIRS-NAVAL SERVICE MEDICAL NEWS (NSMN) (95-43)//
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RMKS/1. THIS SERVICE IS FOR GENERAL DISTRIBUTION OF INFORMATION
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MEDICINE. MAXIMUM AND TIMELY REDISTRIBUTION OR FURTHER
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MESSAGE HAS BEEN COORDINATED WITH THE COMMANDANT OF THE MARINE
CORPS (CMC). THE COMMANDANT HAS AUTHORIZED TRANSMISSION TO
MARINE CORPS ACTIVITIES.

2. HEADLINES AND GENERAL INTEREST STORIES THIS WEEK:
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HEADLINE: Breast Cancer Awareness Is Important Year-Round
BUMED Washington (NSMN) -- A Breast Cancer Awareness and
Prevention Seminar was held the last full week in October, which
was Breast Cancer Awareness month. The seminar was jointly
sponsored by the Secretaries of Defense, Health and Human
Services, and Veterans Affairs. The purpose of the seminar was
to promote good health by increasing the awareness of early
detection and prevention of breast cancer for military and
civilian women.

Do you know these facts about breast cancer?
-- One out of every eight American women will develop breast
cancer in a lifetime.
-- 1 percent of breast cancers occur in men.
-- Breast cancer can occur without any warning signs, and
more than 80 percent of breast lumps are not cancerous.
-- If diagnosed and treated early, the five-year survival
rate is more than 90 percent.
-- Modern mammography can reveal small breast cancers up to

two years before they can be felt.

There is no need to be afraid to learn about breast cancer. If you remember one thing about breast cancer, it should be: Early detection provides the best opportunity to treat breast cancer successfully. An early detection program includes three components: 1) a monthly breast self-exam, 2) mammography, and 3) yearly health maintenance visits with your health care provider that include a clinical breast examination.

A woman's chances of getting breast cancer rises greatly as she gets older. Mammography, a special X-ray technique, is the best way to find breast cancer in its earliest stages. It helps to find tumors too small to be detected by breast self-exam. It is Department of Defense policy for active duty women to have a baseline mammogram at age 40. For women over the age of 50, a screening mammogram is recommended annually. All other women who receive health care within the Military Health Services System are encouraged to do the same. In addition, mammography shall be provided for all women at any age who have been identified by their health care provider as requiring additional screening as indicated by individual risk factors.

You must have a referral from a health care provider for a mammogram to ensure that test results are tracked so that you receive appropriate care. All Navy medical treatment facilities fully comply with the "Mammography Quality Standards Act" and are fully qualified under law to perform mammography.

Story by Bureau of Medicine and Surgery

-USN-

HEADLINE: Uncle Sam Will Pick Up the Bill, But You Gotta Call

BUMED Washington (NSMN) -- If you're an active duty member and you unexpectedly find yourself in a civilian hospital due to an accident or acute illness while on leave or liberty, there's one number you should call: 1 800 867-1131. This is the number for the Office of Medical and Dental Affairs in Great Lakes, IL. Once this call is made, a Navy hospital will be assigned to ensure you are being taken care of and to bring you back into the military medical system as quickly as possible. The Office of Medical and Dental Affairs is also the place where your bills will be paid. Letting them know of your hospitalization as soon as possible will help you in getting your bills paid and getting you back to duty as quickly as possible upon your recovery.

Story by Bureau of Medicine and Surgery

-USN-

HEADLINE: Naval Air Station Jax Wins Well Workplace Award

NAVHOSP Jacksonville, FL (NSMN) -- Naval Hospital Jacksonville's Wellness Center led Naval Air Station Jacksonville to the winner's circle when the station was the first DoD activity in the United States to be awarded the Well Work Place Award. The award is given to organizations that show a commitment to providing quality health promotion programs for their employees.

The official award presentation is scheduled for 15 November. Dignitaries scheduled to be in attendance are the

Governor of the state of Florida, Lawton Chiles; the Mayor of Jacksonville, John Delaney; and the former Secretary of Health and Human Services, Dr. Louis Sullivan. The award will be jointly accepted by CAPT Robert Whitmire, the commanding officer of Naval Air Station Jacksonville, and CAPT Milton Benson, MSC, Naval Hospital Jacksonville's commanding officer.

The Wellness Council of America recently made the selection and Naval Hospital Jacksonville's CDR Deborah McKay, NC, couldn't be more pleased. "This award sort of validates what we've been doing for the last couple of years," said McKay, who heads the Wellness Center. "We have taken the message of healthy living to the deckplates. We're showing Sailors, Marines and their families that they can make a difference in their health by modifying the way they live. Eating right, not smoking and reasonable exercise are the keys to wellness."

The hospital's Wellness Center started in 1991 with a staff of one and a small office in the Air Station's Branch Medical Clinic. In 1994, it moved to a self-help renovated building and now has a staff of eight.

The Center conducts smoking cessation and weight control classes; does cholesterol and stress management counseling; and conducts Health Risk Appraisals.

Some experts believe that a business with 1,000 employees, 50 percent male and 50 percent female, with an average age of 40, having average health risks, could save more than \$200,000 in medical costs for one year if they had a Wellness Program. With more than 14,000 active duty Sailors and DoD civilians at NAS Jacksonville, the savings could be more than \$4 million. With savings like that possible, the base and the hospital think the Wellness Center is an investment in our future and makes good use of limited dollars.

The Well Work Place Award for the Naval Air Station also contributed to another first. With the Naval Air Station's award and the efforts of local businesses, Jacksonville, FL, was selected as the first Well City by the Wellness Council of America.

Story by Bob Hines, Naval Hospital Jacksonville Public Affairs Officer

-USN-

HEADLINE: When Tragedy Strikes, SPRINT Can Help

NMC Portsmouth, VA (NSMN) -- For today's Navy-Marine Corps team, operational casualties are fortunately few and far between. But tragedies, when they do occur, occur without warning, turning lives upside down. In the hours and days that follow a critical incident, those closest to the casualties or victims ride a physical and emotional roller coaster.

The good news is that the majority of those who experience a tragic event on duty recover to function normally. But at the same time, without help, there are those who may suffer symptoms that can last a lifetime. The bottom line, for everyone, is that a sudden, traumatic and deeply disturbing event has the power to change our view of ourselves, our relationships, or our world -- in short, the power to overwhelm our ability to cope.

SPRINT can help. "SPRINT" stands for Special Psychiatric Rapid Intervention Team. Naval Hospital Bremerton, WA, and Naval Medical Centers Portsmouth, Bethesda, Md., and San Diego each have a team. SPRINTs are comprised of Navy psychologists, psychiatrists, social workers, chaplains, nurses and psychiatric technicians (specially trained corpsmen), who work across these disciplines to provide crisis assistance to Navy and Marine Corps units.

Typically, when a command requests SPRINT assistance, a two- or three-person team departs immediately for the crisis site and receives a briefing about the incident. The team then gathers command members together for a Critical Incident Stress Debriefing (CISD). When service members share a loss or tragedy, they typically become closer to one another and refocus on what is most important in their lives. SPRINT facilitates this process.

The CISD is a guided group discussion about the incident, and allows affected members to talk about the incident, to help one another with coping strategies, to explore and express both thoughts and feelings about the event, to learn what is normal or abnormal about one's particular reaction, and to refocus on getting back to a healthy, productive, positive way of life. During the CISD, nothing is recorded, written down or passed on to superiors. Complete confidentiality and anonymity are crucial to the success of the CISD session.

SPRINT assistance is activated only by the commanding officer of the affected unit. The team never tells a CO that a particular incident should be debriefed, but is standing by 24 hours a day to assist if called.

The CISD is not considered therapy, but is designed to get affected members back on their feet and prevent the need for therapy later on. Research has shown that CISD debriefings drastically reduce the incidence of Post Traumatic Stress Disorder (PTSD), which can be a disabling condition. SPRINT assistance does not replace therapy for those who want or need additional counseling. If individuals are still having trouble getting back on track after the CISD, they should consider setting up an appointment with a mental health professional. Story by LCDR Bryce Lefever, MSC, head, Special Psychiatric Rapid Intervention Team, Naval Medical Center Portsmouth

-USN-

HEADLINE: Virtual Surgery Gives 'Computer Operator' New Meaning

NNMC Bethesda, MD (NSMN) -- Peering intently at his work, a training surgeon carefully maneuvers the tools in his gloved hands through a complex operation. Feeling the weight of an organ against his probe as he moves it aside, he brings the scalpel down to make an incision. The surgeon has never performed this surgery before, and unfortunately makes a mistake.

No alarms sound. No staff members rush hurriedly to save the patient's now endangered life. Even though virtually every sense the surgeon possesses tells him the patient is real, it is actually a computer-generated image in what is called "virtual reality." The surgeon will learn from mistakes and improve

techniques without ever endangering a human life.

LCDR Richard Rowe, MC, a staff neurosurgeon at the National Naval Medical Center, is developing the technology to generate these virtual patients.

The technology centers around a high-speed computer that creates realistic three-dimensional images of the interiors of the human body on a screen and makes them appear to react to manipulation exactly like a real human body would.

Since the purchase of his first computer, Rowe has always been interested in computer technology and later, virtual reality. When he transferred to NNMCC, Rowe immediately sought a way to research the technology. High Techsplanations (HT), a Rockville, MD, company that is considered to be the world leader in virtual reality medical visualization, had the technology he needed.

After coordinating with Mike Lilienthal of the Naval Medical Research and Development Command in Bethesda, Rowe received approval for a Cooperative Research and Development Agreement to develop the technology. Since then, Rowe and the experts at HT have been honing the cutting edge of virtual reality technology with hopes that it will one day train surgeons worldwide.

To give a surgical student a real "feel" for surgery, the computer must also transmit tactile (touch) sensations back to the student's hand as if he or she were manipulating real objects. When the student bumps an organ with his "virtual" probe, she must be able to feel that contact through the instrument handle between her fingers.

"Eventually what you will be able to do is take actual data and combine it in a virtual environment that allows the neurosurgeon (or any surgeon) to go in and actually rehearse the patient-specific procedure on the computer," Rowe explained.

Rowe has been concentrating on neuroendoscopy in his latest research. The operation involves the insertion of an endoscope through a small hole in the skull to explore the surfaces of the brain. Virtual surgery is particularly effective for this type of operation. "The technology lends itself to the minimally invasive procedures, more so than the open procedures, because in these procedures you are actually looking at a monitor while you are performing the surgery. You can make that simulation very realistic by using the computers," said Greg Merrill, president and chief executive officer of HT.

Story by JO2 Roy DeCoster, National Naval Medical Center Public Affairs, Bethesda, MD

-USN-

HEADLINE: Science to the Fleet: NAMRL Mobile Field Laboratories

NAMRL Pensacola, FL (NSMN) -- The Naval Aerospace Medical Research Laboratory, located in Pensacola, has taken a unique, cost-effective approach to collecting important data from fleet sources. NAMRL has designed and built three Mobile Field Laboratories, each specialized and totally self-sufficient, to help both naval aviation and other DoD assets solve problems in the areas of vestibular science, vision, and strength testing. This is the first of a series of three articles about these

innovative Mobile Field Laboratories, or MFLs.

The Vestibular MFL is designed to go out into the field and collect data related to the human vestibular system, to include balance tests, the vestibular ocular reflex, brain mapping and visual evoked responses.

The physical layout of the Vestibular MFL can be visualized as having five different functional regions. An Off-Vertical-Rotating (OVR) chair with uniform surrounds of optokinetic stimulation is installed at the rear of the lab within a double-insulated acoustic room. The adjacent room houses equipment for performing brain mapping, electroencephalography and ataxia (postural equilibrium) responses. At the very front of the lab, a second double-insulated acoustic room houses equipment related to a performance-based test of gaze function as well as selected evoked-response test configurations. The two adjacent rooms contain equipment required to conduct NAMRL-developed tests of Pendular Eye Tracking (PET) capabilities.

The fifth section of the lab is the centrally located control room, which houses the majority of the bioinstrumentation equipment required to implement these tests. The Vestibular MFL maintains the capabilities of a full neurophysiological test laboratory.

The Vestibular MFL was recently deployed to the Navy Experimental Diving Unit in Panama City, FL, to aid in the testing of the effects of low-frequency sound waves on divers. Combining the expertise of laboratory scientists and staff with all of the MFL's intricate equipment, researchers were able to pinpoint areas of the vestibular system that might be affected by exposure to low-frequency sound waves. A follow-up study is to be conducted in open water, with the MFL parked on the beachfront to gain useful scientific data. Without the Vestibular MFL, much of this research would have been too costly or even impossible to accomplish.

In order to assure that all systems on the Vestibular MFL are consistently in top condition, and that tests are performed accurately, NAMRL augments the MFL with its staff of neurologists, psychologists, optometrists, physiologists and specialized technicians. This interaction ensures that top quality science and training occur in the field.

In addition to data collection, the assets of the Vestibular MFL can also be used to help diagnose and treat a variety of neurological disorders. Parked next to a military medical treatment facility, the MFL could give the facility direct access to a full neurophysiological diagnostic center, and this can save the government millions of dollars in CHAMPUS costs.

Story by CDR Michael Mittelman, MSC, Naval Aerospace Medical Research Laboratory

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HEADLINE: Naval Hospital Pensacola Radiologist Retires

NAVHOSP Pensacola, FL (NSMN) -- CAPT Neal S. Flowers, MC, head of the Radiology Department at Naval Hospital Pensacola and a native of the northwest Florida city, retired from the U.S. Navy on 30 October after more than 18 years of service that

spanned six decades, dating back to World War II.

Flowers' Navy service began in 1944, when he joined as a hospitalman apprentice. He later received flight orders as one of the Navy's first air-evacuation corpsman. He was honorably discharged in 1957 as a pharmacist mate second class.

During his civilian hiatus, Flowers achieved success in his field as a radiologist. He was elected president of the Medical Society of Mobile County, AL, and president of the Alabama Chapter of the American College of Radiology.

In 1979, Flowers again joined the Navy, accepting a commission in the Medical Corps. As he ends his naval service, more than 50 years after first joining, he can look back with pride on his successful careers, both as a civilian and as a U.S. Navy Medical Corps officer.

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HEADLINE: VA Adds Cancers to List of Radiation-Caused Diseases

VA Washington (NSMN) -- The Department of Veterans Affairs (VA) has published in the "Federal Register" an amendment to regulations adding rectal cancer and lymphomas other than Hodgkin's disease to the list of diseases considered for disability compensation due to ionizing radiation exposure.

Under the regulation, which is used to determine if a disease resulted from in-service radiation exposure, VA must consider the condition the veteran claims, the radiation dose a veteran received, and the time elapsed between exposure and the onset of the disease. Veterans do not have to prove that ionizing radiation may have caused any of the listed diseases.

Diseases already recognized as radiogenic under the regulation include all forms of leukemia, except chronic lymphatic (lymphocytic) leukemia; multiple myeloma; posterior subcapsular cataracts; nonmalignant thyroid nodular disease; parathyroid adenoma; tumors of the brain and central nervous system; and cancer of the thyroid, breast, lung, bone, liver, skin, esophagus, stomach, colon, pancreas, kidney, urinary bladder, salivary gland and ovaries.

The list is not exclusive. In February, VA revised the regulation so that it will consider veterans' claims based on diseases other than those listed in the regulation, provided the claimant presents scientific or medical evidence showing the claimed condition may be caused by radiation exposure.

VA moved to add rectal cancer and lymphomas other than Hodgkin's disease to the list on the advice of the Veterans Advisory Committee on Environmental Hazards, a committee of outside experts established by Congress to evaluate scientific and medical studies and to advise VA on radiation-related compensation issues.

Veterans or their survivors who wish to file claims can contact the nearest VA regional office at 1 800 827-1000 for information and assistance.

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HEADLINE: Good Morning America Wants Howdies for the Holidays

CHINFO Washington (NSMN) -- Every holiday, thousands of

service members sacrifice family memories to serve their country overseas or on deployment. ABC-TV's "Good Morning America" television program is offering Sailors and Marines an opportunity to say "Howdy" to the folks back home.

If you're forward deployed or stationed overseas, check with your public affairs officer about this opportunity. The video greetings will be aired on Good Morning America beginning the second week in December, through Hanukkah, Christmas and New Year's Day. Greetings are encouraged from individuals, but group greetings will also be considered.

A naval message released by the Office of the Chief of Information (112023Z OCT 95 from CHINFO Washington DC) provides details, including format requirements and suggested scripts. A second CHINFO message, 172000Z OCT 95, provides guidance for commands that have only high-8 recording capabilities.

Additionally, the six Navy Offices of Information across the country can market audio cassette greetings to radio stations in their regions. For information on this outlet for Sailors and Marines to say "howdy" to their families and friends, see CHINFO message 311909Z OCT 95.

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HEADLINE: Navy Medical Department People Involved in Operations BUMED Washington (NSMN) -- The Navy Medical Department continues to support the Navy and Marine Corps team through deployments with the fleet and humanitarian operations. Here is the latest update on where our medical people are on assignment.

Medical forces currently on operational assignment are:

Operation Sea Signal Phase V

Medical/Dental augmentation personnel: 168

The Navy Medical Department is in full support of Operation Sea Signal. Approximately 53 medical personnel are deployed to augment U.S. Naval Hospital Guantanamo Bay, Cuba, and an additional 115 medical and dental personnel are assigned to CJTF-160 providing medical treatment for approximately 7,100 Haitian and Cuban migrants, in addition to providing medical support to many afloat platforms. The naval hospital, in combination with CJTF-160, is providing a comprehensive program of inpatient, outpatient and dental care for all migrants. Additionally, there is a mental health program provided to assist the migrants while at Guantanamo Bay and in their transition to the United States.

Operation Full Accounting

Navy Medical Corps officers, Physician Assistants and Independent Duty Corpsmen participate in this operation by volunteering to serve tours ranging from just under two weeks to two months to support the teams searching for remains of MIAs and POWs in Laos, Cambodia and Vietnam. The current missions involve a General Medical Officer from Naval Medical Clinic Mayport, FL, and a Physician Assistant from Camp Lejeune, NC. Those who meet the qualifications and wish to volunteer should contact HM2 Salicrup at DSN 762-3427 or commercial (202) 762-3427.

Exercise Support

Mobile Medical Augmentation Team (MMART) Five from Naval Medical Center Oakland, CA, is providing medical support for a

WESTPAC exercise on board USS NEW ORLEANS (LPH 11). Team Five will stand-down upon completion of their mission with our thanks from Navy Medicine. Naval Hospital Bremerton, WA, has replaced Oakland as the new home for MMART Five.

MMART Four from National Naval Medical Center Bethesda, MD, is deployed to provide support for a Mediterranean ARG.

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3. December Calendar of Events and Observances:

National Drunk and Drugged Driving Awareness Month

Safe Toys and Gifts Month -- Prevent Blindness America, 1

800 331-2020

1 December: World AIDS Day -- World Health Organization,
(202) 466-5883

1-7 December: National Aplastic Anemia Awareness Week -- 1
800 747-2820

11 December: National Immunization Partners Day -- (202)
544-0808

18-25 December: Hanukkah

22 December, 0317: Winter Solstice

25 December: Christmas

26 December - 1 January: Kwanzaa

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HEADLINE: CORRECTION to BUPERS Important Dates

BUMED Washington (NSMN) -- Last week's Naval Service Medical News (NSMN), 95-42, included important dates for November from the Bureau of Naval Personnel, which incorrectly stated that O-1 fitness reports were due 30 November this year. They are not. O-1 fitness reports will be due 31 May and 30 November 1996, according to the Periodic Report Submission Schedule from BUPERSINST 1610.10 of 2 August 1995 (effective 1 January 1996). The editor regrets any inconvenience this may have caused.

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